**NONPROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 744224

## KIWANIS CLUB OF CENTRAL FLORIDA, SEMINOLE COUNTY

## **FILED** Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90163 013 \*\*\*\*61.25

,						
Principal Place of Business Mailing Address					-	
P.O. BOX 1081 P.O. BOX 1081						I HOOME HADII ALAH OZONG KINIA IKAN OLON OLONG BIOME BIOME BIRKI AKAN ALAH KANIL ALAH KANIL
MAITLAND FL 32751 MAITLAND FL 32751						
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}						<b>↓</b>
	(2)	De Mailine Address				Date Incorporated or Qualifed
· ·	ace of Business	2a. Mailing Address				09/11/1978
21 Suite Ant	# atc	Suite, Apt. #, etc.				4. FEI Number Applied For
——————————————————————————————————————						59-1838884 Not Applicable
22     27						\$8.75 Additional
23 28					5. Certificate of Status Desired Fee Required	
Zip .			Cou	ntry		6. Election Campaign Financing \$5.00 May Be
24	25 29 30					Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81 Name		
HEWSON, H.W. BILL SEC.				82	Street A	Address (P.O. Box Number is Not Acceptable)
584 WHISPER WOOD DRIVE						
LONGWOOD FL 32779				83		
				84	City	85 Zip Code
					•	FL 63 25 300
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above					e-named o	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered agent		: Registered	Agent	t signature red	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	SD OFFICERS AND	DELETE	1.5 TIT	n e		Change Addition
TITLE		Clotter	1.2 NA			
NAME	HEWSON, H.W. BILL 584 WHISPER WOOD DRIVE				ADDRESS	
STREET ADDRESS	LONGWOOD FL 32779		1.4 CT	_		
CITY-ST-ZIP	D	DELETE	2.1 TI		1-21	P Change Addition
NAME	SZCZEPANEK, KEN	Λ.	2.2 NA	ME.	1	Shirley Price 345 Eust Sture R1 436
STREET ADDRESS	626 LONGMEADOW CIRCLE		2.3 STREE		ADDRESS	345 EUST STUTE P.1 436
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-			Fern Park FL 37730
TITLE	D	DELETE	3.1 TIT			☐ Change ☐ Addition
NAME	SILVERIO, DAN	^	3.2 NA	ME		
STREET ADDRESS	DOGG MUNICIPAL COLLET		3.3 ST	REET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817		3.4. CI	TY-S	T-ZIP	
TITLE	DVP	DELETE	4.1 TIT	TLE	Ī	Change Addition
NAME	GREENSTEIN, BARRY	, (	4. 2 N	AME	- 1	
STREET ADDRESS	221 SPRINGSIDE DRIVE		4.3 ST	REET	ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CT		r-ZIP	Part Part
TITLE	DT	☐ DELETE	5.1 TIT			Change Addition
NAME	CROWDER, DAVID		5.2 NA			
STREET ADDRESS	1712 CINNAMON CR				ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL		5.4 Cl		r-ZIP	
TITLE		☐ DELETE	6.1 TT		İ	☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADDRESS			6.3 ST	REET	ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

401 +31.1407